PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

CPA
69 1224781 1/6/03

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPEO			OTHER THAN OR SMALL ENTITY		
TO	TAL CLAIMS				,		1	RATE	FEE	1	RATE	FEE	
FC	PR		NUMBER I	FILED	NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE		
TC	TAL CHARGEA	BLE CLAIMS	min	us 20=	*			X\$ 9=		OR	X\$18=		
INC	EPENDENT CL	AIMS	mi	nus 3 =	*			X42=		OR	X84=		
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					.140		1			
* If	the difference	in column 1 is	less than ze	column 2	į	+140=		OR	+280=				
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II								TOTAL		QR	TOTAL	THAN	
		(Column 1)	AMENDED - PARTII (Column 2) (Colur					SMALL ENTITY (OTHER THAN OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	* 14	Minus	**2	0	= —		X\$ 9=		OR	X\$18=		
AME	Independent	* 3	Minus	*** 3		=		X42=		OR	X84=		
L	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	CLAIM			+140=		OR	+280=		
								TOTAL			TOTAL		
		(Column 1)	:	(Colu	mn 2)	(Column 3)	,	ADDIT. FEE		,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	F OL 4114	-		X42=		OR	X84=		
L.	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	CLAIM		1	+140=	-	OR	+280=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu		(Column 3)						•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=-		X42=		OR	X84=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		J	+140=			+280=		
*	If the entry in colu	mn 1 is less than the	ne entry in colu	mn 2, write	e "0" in co	lumn 3.	_ [TOTAL		OR	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											ADDIT. FEE		

						Application or Docket Number								
	FATENT		Effect	Tive Nove	RD)		9/22	47	81				
		-		ALL PE	ENTITY	OR		R THAN ENTITY						
FC	OR		NUMBE	ER FILED		NUMBER	EXTRA		RA		FEE	7	RATE	FEE
B/	ASIC FEE						_				380.00	OR		760.00
тс	OTAL CLAIMS			30 minus	20=	10			X\$	9=	1_	OR	1,424	180
_	DEPENDENT C		***	// minus	; 3 =	• 8			Х3	9=		OR	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	624
- -	JLTIPLE DEPEN	-]	+13	0=		OR		
* If	the difference						column 2	•	TOT	TAL		OR		1564
	C	CLAIMS (Colur		MENDED		PART II Column 2)	(Column 3)		SMA	ИТ	ENTITY	OR	OTHER	THAN
ENTA		CLA REMA AFT AMEND	NMS NNING TER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	14		Minus	-	20	=		X\$ 9	9=		OR	X\$18=	
AME	Independent	* /		Minus	***		=		X39) =		OR	X78=	
	FIRST PRESE	NTATION	1 OF MU	JLTIPLE DE	PENL	DENT'CLAIM			+130	~_			+260=	
								L	то	TAL	\vdash	OR	+260= TOTAL	<u> </u>
		(Colur	1)		ıc	Ol	· · · · · · · · · · · · · · · · · · ·	A	DDIT. I		لـــــا	OR ,	ADDIT. FEE	<u> </u>
B		CLAI	IMS		I	Column 2) HIGHEST	(Column 3)	r		\neg	ADDI-	ľ		ADDI-
MENTE		REMAI AFT AMEND	TER		PR	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RAT	E	TIONAL FEE		RATE	ADDI- TIONAL FEE
밁	Total	*	1Ψ	Minus	**	30	. —	L	X\$ 9)=		OR	X\$18=	
AME	Independent FIRST PRESE	* ENTATION		Minus JLTIPLE DEP	PEND	11	=		X39:	=]		OR	X78=	
			10	6111 66 5	- Land	/LIVI 00			+130)=		OR	+260=	
								A	TO DDIT. F	TAL FEE		OR A	TOTAL ADDIT. FEE	
		(Colun				Column 2)	(Column 3)	-	V	·		·	JU11. 1	
MENT C		CLAI REMAII AFTI AMEND	INING ER		PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ᇎᅡ	Total	*		Minus	**		=		X\$ 9:	=		OR	X\$18=	
AME	Independent	*		Minus	***		=		X39=	1		OR	X78=	
	FIRST PRESE	-		-										
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											(OR	+260=	<u> </u>
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE													TOTAL VODIT. FEE	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PA	TENT FE	B REFUN	ID.	•	
1 Date of Request: 4/11/01	2 Seri	al/Pat	ent	# 09/08	24,481
3 Please refund the following fee	(s):	4 PAPE NUMB		5 DATE FILED	6 AMOUNT
Filing					\$
Amendment					\$
Extension of Time					\$
Notice of Appeal/Appeal					\$
X Petition		14	•	6125/01	\$ 60000
Issue		·			\$
Cert of Correction/Terminal	Disc.				\$
Maintenance					\$
Assignment					\$
Other					\$
			AL A REFU	MOUNT JND	\$ 600.00
		8 TO I	BE R	EFUNDED I	
10 REASON:		X	Tı	ceasury C	heck
Overpayment			Cı	edit Dep	osit A/C #:
Duplicate Payment		9.	Ŀ		
No Fee Due (Explanation):		<u> </u>			
1.137(6) potition mot ?	thon	to w	ith	draw	HolDing
of Abandonment Greater					
•	**************************************		·		
11 REFUND REQUESTED BY:		y and			
	Uchaug	•	_ TI	TLE: 124	tions Altry.
	ylli	^	_ PH	ione: <u>30.</u>	5-0010
OFFICE: VETTIONS STATE THE	****	****	***	*****	*****
THIS SPACE RESERVED FOR FINANCE	USE ONL	Y:		11.1	
APPROVED: Jana Chare	=	DATE:		11121	01

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

> Office of Finance Refund Branch Crystal Park One, Room 802B